

CH

08CV2289

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <b>X</b> <div style="text-align: right;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee </div>	
1. Article Addressed to:  Chief of Criminal Appeals Illinois Attorney General's Office 100 West Randolph - 12th Floor Chicago, IL 60601		B. Received by (Printed Name) <b>RECEIVED</b>	C. Date of Delivery <b>APR 28 2008</b>
		D. Is delivery address different from item 1? If YES, enter delivery address below: <div style="text-align: right;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No </div>	
		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		<b>7004 2510 0001 9700 8958</b>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

FILED

MAY 12 2008 PH  
MAY 12 2008  
MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT